N. B.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE Q5 PEATH	
County Maderick	Registration Dist. No. 131
Village or City Listerick (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurred yrs,mos.	ds. How long in U.S. if of foreign birth? yrsmos ds.
2. FULL NAME Charles Edward	& Ausherman
(a) Residence: No. Cost 5 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE OR BIVORCED (wing the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That t attended deceasad from
1917	1932, to 1932, 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Qays If LESS than	to have occurred on the date stated above, at
1. AGE lears months lays 11 ccs than 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 0 or min.	wara as follows: Date of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER, A ROWNER, BOOKKEPER, atc.	
Industry or business in which	Sel lane
work was dona, as SILK MILL, SAW MILL, BANK, atc.	Jupit
11. Total tima (yaars) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance.
(Stata or country) Thay and	deptic som Heroat
13. NAME David Elwas Aushema	h
14. BIRTHPLACE (city or town)	Nama of operation Oata of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellis Survey	23, tf death was dua to axternat causes (VIOLENCE) fill in also tha fottowing;
15. MAIDEN NAME office Summers 16. BIRTHPLACE (city of town)	Accident, sulctde, or homicide? Oate of Injury 19
Stata or country)	Where did injury occur?
Gald Andiana	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (A) (Addrass)	Specify who will have a second of the second
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Meyes 11 Date July 3- 1932	Nature of Injury
19. UNDERTAKER H. B. Etchijor 4 800	24. Was disaasa or injury in any way ralated to occupation of deceased?
100000000000000000000000000000000000000	(Signed) 120 Monna M. O.
20. FILED 4 - July, 1982 . Or and Registrar.	(Addrass) Indenik mo
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (OF	MARYLAND—CERTIFICATE	OF	DEATH

07740

Length of rasidenca in city or town where death occurredytsmos. 2. FULL NAME Margareh and Throw (a) Residence: No	St., Ward. If nonresident give city or town and Sta MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	ate 93.2
(If de Length of rasidenca in city or town where death occurred	No. St., death occurred in a hospital or institution, give its NAME instead of street and number of the street and number	ate
Length of residence in city or town where death occurred yes mos. 2. FULL NAME Margareh and Brown (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Finale OR DIVORCED (winde the word) Married	death occurred in a horpital or institution, give its NAME instead of street and numerical death occurred in a horpital or institution, give its NAME instead of street and numerical death of the street and nume	ate 93.2
2. FULL NAME Margaret and Brow (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winde the word) Married	St., Ward. If nonresident give city or town and Sta MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH LLY 19	93.2
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	St., Ward. If nonresident give city or town and Ste MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH LULY 19	932
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winde the word) Married	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH LULY - 19	932
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Colord OR DIVORCED (write the word) Married	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Suly - 19	932
Finale Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winde the word)	21. DATE OF DEATH July - 19	
77000000	July - 19	
5a If married widowed or diverged		(Year)
HIICRAND of A. A. I	22-D HEREBY CERTIFY, That I attended dec	
DATE OF BIRTH (month, day, and year) Manc. 16 1876	Vas saw h 21 alive on July + 13 1932;	leath is s
AGE Years Months Deys If LESS than	to have occurred on the date steted above, a	
56 4 3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:	
8. Trada, profession, or particular	0'	Date of on
kind of work done, as SPINNER Housework SAWYER, BOOKKEEPER, etc.	Caremona of diver	aw.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	J	
kind of work done, as SPINNER OCLSEURON SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and year) 11. Total time (years) spant In this future occupation (cocupation)		
12. BfRTHPLACE (city or town) Md	Other Contributory Causes of Importance:	
(State or country)	Omonie Myocardites	6 yr
13. NAME Zlias / Froots 14. BIRTHPLACE (city or town) Md		
14. BIRTHPLACE (city or town) Photo	Name of oparation Oete of Oete of	
(State or country)	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Lane Say Lon 16. BIRTHPLACE (city (Town) Md)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city (r lown) Md)	Accident, suicide, or homicide? Data of injury	_, 19
(State or country)	Where did injury occur?	
7. INFORMANT Jackael Prown (Address) Livry Lown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	
8. BURIAL, CREMATION, OF REMOVAL Place Cibrily Forum Date July, 22, 1932	Manner of injury	
9. UNDERTAKER Pozvil + albackel	24. Was disease or Injury in any wey related to occupation of deceased?	
20. FILEO July 22, 19 32 W. D. Curfenau Registrar.	(Signad) Otis 13. Atome	M

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritic	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	OF MARYLAND	CERTIFICATE OF DEATH 07742
1. PLACE OF DEATH	- ~ THIN CORD	119
County /	rety 14 1/2	A Tel Registration Dist. No. 2/
Village or City	reck City No	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town wher		os. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Better	Ame Cond	10
B 71	Jorna Carro	C4 Ward
(a) Residence: No. Varille	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemale White	DIVORCED (White the word)	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	8 (
(or) WIFE of	the sellent of the se	22. THEREBY CERTIFY, That lattended deceased from
C DATE OF BIRTH (may 14 1931	Has saw hear alive on when 14 195 and death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the data stated above at 9; tv .m.
1 2	I day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profassion, or particular	ormin.	were as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.	1	Myz Mus-Colilio 3
Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this	
year)	occupation	Other Contributory Causes of importance:
12. BtRTHPLACE (city or town)	weret and	Research Paris
1 1 1 1 1	114	- Joseph I ramana
13. NAME Krehard Ca	noce	MA.L.
(State or country)	md	Name of operation.
	Beer	What test confirmed diagnosis? Was there are autopsy?
E	nacraji	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide: Date of injury
O 16. BIRTHPLACE (city or town)	Ma	Whera did injury occur?
D A Again	10 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	to me	opening whether ingry occurred in industria, in home, of in to be to Texter.
18. BURIAL, CREMATION, OR REMOVAL	1 DA WITH	Manner of injury
Place Dunwould In	1. Date 124 17 793:	Natura of injury
10 UNDERTAKED PARTY	VBall D	24. Was disease of injury in any way related to occupation of deceased?
19. UNDERTAKER 1/1/134 Ce. (Address)	unds mil	If so, specify
20. FILED 16 Duly , 198 2 B	me lime &	(Signed) M. D.
20. FILEDING. 190	Register.	(Address) X. D. Waurch Wo.
If mo	blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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The principal cause of death and related causes of importance were as follows:
Attack of epilepsy 1 week ago
Run over by street car 1 week ago
27 Peritonitis 3 days ago
Other contributory causes of importance: 23 Gastroenteritis 1 year

Registrar

If more blonks are needed, address State Tegistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

1. PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 5 1832	1915	Attack of epilepsy	1 week ago
Chronic interstitial nej	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory of	causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
-				

	received uns aline	FURTHER STATEMENTS BY PHYSICIAN
all merroy way annot stody was still wan	tied herray tony	arrival fordy was still warm
when I saw lim I I 7/15/37	when I saw lim	11 7/15/37

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02744
1. PLACE OF DEATH	(82)
county Frederich	Registration Dist. No. 132
Village or City Mr. Meddletown	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Maris & M Dastle	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (1932 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April / 1932	I last saw h. D. Jaive of W. T. College ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dale stated above, atm.
3 16 ormin.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8. Trade, profession, or parlicular kind of work done, as SPINNER,	Child was perfectly tooll. Found dead in Sed.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Trotally sufficiently the the feat cultiff
work was done, as SILK MILL, SAW MILL, BANK, etc.	ussa sua
10. Date deceased last worked at this occupation (month and year) spent in this occupation cocupation	
12. BIRTHPLACE (city of town)	Other Contributory Causes of importance:
(State or country) Mary Land	
13. NAME About Cartle	
14. BIRTHPLACE (city or town)	Name of operation
7 4.000	What test confirmed diagnosis? Was there an autopsy?
I THE THE PARTY OF	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Katie Castle (Address) Middle Coun	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Middle Town Date July 16, 1932	Nature of injury
19. UNDERTAKER Lo. Y. It Gladbill (Address) middletourn mil	24. Was disease or injury in any way related to occupation of deceased?
20. FICEDEULY 16., 1982 D. Tray or Course	(Signed) Shurs Harm M. D. (Address) Wind all Harm
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i i	5	-Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	7031 13 504	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		. 1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GBAISOSN	3 days ago
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 your

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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Example I-	11.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	ER STATEMENTS BY PHYSICIAN
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Do. M. M. Smith.

		OF MAR	YLAND-	CERTIFICATE OF DEATH 07747	
	OF DEATH		10	2 13/2	
County	Frederick			Registration Dist. No. 12/2	
Village or	City Frederick		OF	No. Frederick, City Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Langth of r	esidence in city or town whare	daath occurred		ds. How long in U.S. if of foreign birth? yrs mos ds.	
2. FULL N	AME Baby Boy	Cramer			
(a) Resid	lence: No.			St., Ward.	
		(Usual place		If nonresident give city or town and State	
	NAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE white	5. SINGLE, MAR OR DIYORCE Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Month) (Day) (Year)	
5a. If married, wid HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. That I attended deceased from July 07-1932, to July 2 1932	
6 DATE OF BIRT	H (month, day, and yaar)	July 7. 1	922	I last saw h. in affect on July 7, 1932 death is said	
	Yaars Months	Days	It LESS than	to have occurred on the data stated abova, at	
	0 0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, pro	otession, or particular of work done, as SPINNER, ER, BOOKKEEPER, atc.	Infant		Still Born 6 no	
9 Industry	or business in which was dona, as SILK MILL, MILL, BANK, atc			foetus	
- 1013 01	eased last workad at ecupation (month and	Sp3	ime (yeers) nt in this upation		
12. BIRTHPLACE (State or o		nd		Other Contributory Causes of importance:	
13. NAME	James H. Cran	ner.			
H 14. BIRTHPL	ACE (city or town) Maryle	ind.		Name of operation 2000 Dete of	
(21816	or country)			What test confirmed diagnosis?	
15. MAIDEN				23. If death was due to external causes (VIOLENCE) fill in also the following:	
	ACE (city or town) ED. T.	yland		Accident, suicida, or homicide?	
17. INFORMANT (Address)	James H. Cran Frederick, 1			(Specify eity or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREM	ATION, OR REMOVAL			Menner of injury	
Placa 14	.Olivet Cem.F.		y-8, 1932	Nature of injury	
,19. UNDERTAKER (Address)	M. R. Etchise Frederick, Ma	on & Son.		24. Wes disease or injury in any way related to occupation of deceased?	
20, FILED 8 -	uly 100 20m	of hue	Zeelf: Registrar.	(Signed) M. D. (Address) Arederet (U.S.	
0	If mor	Vblanks are needed.	address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

_	Z	A	+
MARGIN	B.—WRITE PLAINLY, WITH UNFADIN	mation should be carefully supplied. A	CAUSE OF DEATH in plain terms so t
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE O	F DEA	тн	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(120)	OI DEAI		
	County	Fre	derick				Registration Di	st. No. 147	
			to Airy		(I 2 yrs	Nof death occurred in a hospital or instit sds. How long in U.S. If	ution, give its NAME i	st.,	Ward number)
:	. FULL NA	ME	(Jennie	Crumrin	e: Martha	Virginia			
-	(a) Residen	ce: No		iry, Id. (Usualplace		St.,Ward.	If nonresident giv	e city or town and	State
		AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATE (OF DEATH	
	sex 'emale		R OR RACE	5. SINGLE, MAR DR DIVDRCE Marr	RIED, WIDDWED, D (write the word)	21. DATE OF DEATH	July	14	, 1932.
-	If married, widow			I HIGHT I	icu		(Month)	(Day)	(Yaar)
	HUSBAND of (or) WIFE of	Thos	. Edward	d Crumr	ine	June 30,	Y CERTIFY, 19 32, to Ju		deceased from
6.	DATE OF BIRTH	month, day	y, and year) Ma	ar. 12,	1862	I last saw h_er aliva on	July 14,	,19-34	; death is said
7.	AGE Yea	rs	Months 4	Days 2	If LESS than 1 day,hrs. ormin.	to have occurred on the date stat Tha PRINCIPAL CAUSE OF DEA were as follows:			
NOIL	8. Trade, profes kind of w SAWYER,	vork done.	articular as SPINNER, PER, etc			Gastro-Enteritis Date of			Date of onset
OCCUPATION	9. Industry or work was SAW MIL	done, as \$	which SILK MILL, etc			-			
00		ad last wor pation (mo	nth and	11. Total t	ima (years) ntin this upation				
12.	BIRTHPLACE (cit (State or cour	y or town)	Uni	onville		Other Contributory Causes of imp			
œ	13. NAME		rew Alex			Intestinal Toxemia	Hemorrna	ges	
FATHER				1001100 0 1		Name of operation	☆		
_	14. BIRTHPLACE (State or	country)	Mar	yland		What test confirmed diagnosis?			
HER	15. MAIDEN NAI	ME (Olivia C	Cassell		23. If death was due to external ca			
MOTHER	16. BIRTHPLACE		wn)	ar lond		Accident, suicide, or homicide?	Dat	e of injury	, 19
17. INFORMANT Thos. Edward Crumrine					ine	Where did Injury occur? Specify whether injury occurred it	(Specily city or to	wn, county and State, or in PUBLIC PLA	e) ACE.
(Address) Mt. Alry, Md. 18. BURIAL, CREMATION, OR REMOVAL Place Unionville Md. Date 7/17/32 19					7/32	Manner of injury			
and a much					5	24. Was disease or injury in any v			
20.	FILED	, 1	19		Registrar.	if so, specify (Signed) (Address)	anly In	rabell + airy	med. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes importance were as follows:	Date of onset
Arteriosclerosis	191	Attack of epitepsy	1 week ago
Chronic interstitial nephritis	192	Run over by street car	1 week ago
Cerebral hemorrhage	July 5	Perlonition	3 days ago
Other contributory causes of importance:	18	Other contributory causes of importance:	
Gallstones		Gastrocuteritis	1 year
	See to pe	81	
No.			

of OCCUPA-

1. PLACE OF DEATH	
County Frederica	Registration Dist. No. 131
VIIIage or City Frederick	No. City Hospital St. of Ward
	death occurred in a printed or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. 47 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edgar Diago	Jou.
(a) Residence: No. Apple (Usual placy of goods)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Seingle	21. DATE OF DEATH Dely 29 . 193 (Year)
5a. If merried, widowad, or divorced HUSBAND of	
(or) WIFE of	22. CHEREBY CERTIFY That I attended deceased from
20 20 1023	last saw have alive on 1972; death is said
6. DATE OF BIRTH (month, day, end year) 4 30 1923 7. AGE Years Months Oevs If LESS than	to have occurred on the date states ebove, at J. Am.
a lday, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
The state of the s	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER School 3304.	
A 9. Industry or business in which	Oystoid Feder
work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Horkeland (State or country) Manufaced	Other Contributory Causes of Importance:
	- Caro april as
13. NAME Edgas aleges 14. BIRTHPLACE (City or town) Forelesisch 60	
14. BIRTHPLACE (City or town) Societies 60 (State or country) . Manufand	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME General Hoolland 16. BIRTHPLACE (city ar town) Arcelerich 60	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city ar town)	Accident, suicide, or homicide?
17. INFORMANT Edgar Diggs	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Koheland	*
18. BURLAL, CREMATION, OR REMOVAL PHOTO SEL 2014 GENERAL SO. 1933	Manner of injury
Person of a Moll College July 30,190 x	Nature of Injury
19. UNOERTAKER George W. Jeters (Address) & Park Morles Mod	24. Wes disease or injury In any way releted to occupation of daceesed?
20. FILED 27- July, 193 2 dora & McCully Registar.	(Signed) . Courting Teary f. M. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example II	
es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Pcritonitis	3 days ago
8		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Mrederick	CERTIFICATE OF DEATH
Village or City Near Catons. Lin	Registration Dist. No.
2FULL NAME Season	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mall White Single, Married, Widowed, Married (Write the word)	16 DATE OF DEATH July 12 , 192 2 (Month) (Day) (Year)
6 DATE OF BIRTH February 2 1866 (Month) (Pay) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from June 28 1932. to June 36 , 1932 that I last saw hamalive on June 30 , 1923
7 AGE fLESS than	and that death occurred on the date stated above, at
66 yrs	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Ongine Pectoria (Duretion) yre mos 3 de
9 BIRTHPLACE (State or country) Md- Freds Co	Contributory Secondary (Duration), yts
TO NAME OF FATHER LOTAL NOWLS	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER NAME AND ASSESSED TO THE OF MOTHER NAME AND ASSESSED TO THE OF MOTHER NAME AND ASSESSED TO THE OTHER NAME ASSESSED.	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place in the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Thurmanh Md	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 3 193
15 Filed July 2 132 Anna M. Jones	20 UNDERTAKER ADDRESS
If more blanks are needed, address state Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Womnot gainfully em-The ques-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospized fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from cbildbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic etc. valvular heart Always qualify all The contributory not discase;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permisnently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Dallimore, Requesting U. S. No. 1.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	ti	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis CEUL &	3 days ago
		PECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	E
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

County Firederich Villege of City Firederich Length of residence in city or town where death occurred from the word of the control of sections of city or town and State 2. FULL NAME (a) Residence: No. (Linutibles of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARKED, WHOWED, OR NOTED OR NOTED OR DIVORCES (which the word) S. II murited widowed, or diversed on the word on the data belief above, it is a will be to work one as 5 PINNER. S. AUT OF BEXTI (month, day, and year) OF 2 1833 T. AGE Years Menths Date of work done, as 5 PINNER. S. ANTER, DOORNEETER, etc.	1. PLACE OF DEATH	
Companies of incitions, give its NAME insafed of street and number)	County Frederick	Registration Dist. No. /3/
Length of residence in city or town where death occurred from the courted	Village or City Frederick	
(a) Residence: No. (b) County See of blocks (c) County See of blocks	Length of residence in city or town where death occurred 45 yrs.	
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED Curric the word) So. If married, widowed, or divorced HUSSAND of OR OF MARKED. HUSSAND of OR STATISTICAL PARTICULARS S. SINCLE MARKED, WIDOWED. OR DIVORCED Curric the word) So. If married, widowed, or divorced HUSSAND of OR OF MARKED. HUSSAND of OR STATISTICAL PARTICULARS S. If married, widowed, or divorced HUSSAND of OR STATISTICAL PARTICULARS S. DATE OF BIRTH (month, day, and year) O.C. 2. 1 HEREBY CERT I.F.Y. That I attended deceased from 19.3 to 19.3	2. FULL NAME Clayton 6. 9	out
3. SEX 4. COLOR OR RACE OR DIVORCED Comire the word) So. If married, widowed, or divorced HUSSAND OF COLOR OF Comire the word) So. If married, widowed, or divorced HUSSAND OF COLOR Of Colo		St., - Ward. If nonresident give city or town and State
DATE OF BIRTH (month, day, and year) Doc 2 1853 5. LI MER EBY CERT LFY, That I attended deceased from this said to have occurred on the date Steled above, at 19.3 to have one to have occurred on the date Steled above, at 19.3 to have one to have occurred on the date Steled above, at 19.3 to have occurred on the date Steled above, at 19.3 to have one as Steled above, at 19.3 to have one	PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or divorced HUSAND (and the State of Cort) wife and (and the State of Country) (and the State of Country) (State or count	OR DIVORCED (write the	ne word) Auly 29 1932
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH AND RELATED A	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many Hoofman.	22. I HEREBY CERTIFY. That I attended deceased from 2: 6,19.3 to 2 7,19.3 2
Trade, profession, or particular kind of work done, as SPINNER. Day Moand 9. Industry or business in which work done, as SPINNER. Day Moand 10. Date deceased last worked at SILK MILL Med. 11. Total time (years)	7. AGE Years Months Days If LI	SS than to have occurred on the date steted above, at 5. 25 7ml.
Syl Industry or business in which work was done as SILK MILLY SAW MILLY BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Manner of injury) Nature of injury (Signed) (Signed) (Signed)	/ 0 / « / or	THE I KINCH ALL CROSE OF DEATH and related courses of importance
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Sucotta Chook 16. BIRTHPLACE (city or lown) Frederick for (State er country) Manyland 17. INFORMANT ford Source Schmedt (Address) H Gay Second 88 18. BURIAL, CREMATION, OR REMOVAL Place for Injury Manner of Injury Place for Development of the Company of Injury 19. UNDERTAKER Thomas To Country Manyland 20. FILED O Mal, 192 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9. Industry or business in which work was done, as SILK MILL. Freed Afford 10. Date deceased last worked at this occupation (month and 926 spent in this year) 12. BIRTHPLACE (city or town) Freedeatch Company (State or country) Maryland	0.0
15. MAIDEN NAME Sucoltia Chook 16. BIRTHPLACE (city or lown) He desich Committee Comm	14. BIRTHPLACE (city or town) Year Frederics	
18. BUBIAL, CREMATION, OR REMOVAL Place Lot Olivet Company 1, 1932 19. UNDERTAKER Thomas T. Thice (Address) Treedescife Mod 24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) M. D.	15. MAIDEN NAME Sucotta albook 16. BIRTHPLACE (city or lown) tredesich bo (State er country) Shanyland 17. INFORMANT Source Source	23. If death was due to external causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?
(Address) Frederick Mod If so, specify 20, FILED O- Cule, 192 - 1, Mr. Carrel (Signed) M. D.	18. BURIAL, CREMATION, OR REMOVAL	10 3 9
20, FILEDS O Mile, 1922		If so, specify
If more blanks are needed, address blate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7 / 7	Resistrar. (Address) Released MO

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Chronic interstitial nephritis Carebral hemorrhage	1921	Run over by street car	1 week ago
Corebral hemorrhage 30	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	11 tr 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and volute use	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B. B. O. Thomas

certificate.

Jo

See instructions on back

TION is very important.

V. S. No. 1

should state OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07753
1. PLACE OF DEATH	(23)
County Trederick	Registration Dist. No. 139
Village or City State Landon	NoSt.,Ward
Length of residence in city or town where deeth occurredyrsrno:	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Edwin R Crelis	ont.
(a) Residence: No. Monoral (Usual place of abode)	Host, p. Ward. Balturore If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The word over	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That, I ettended deceased from
unknown	- 1/11/32 19 ,to 7/1/32 ,19
6. DATE OF BIRTH (month, day, and yeer) + 6, 1873	I last saw h elive on 19 ; death is seid
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.25 H .m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
5/14/25 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at Jan 1932 11. Total time (yeers) this occupation (month and	(Futuronary Juderculous Jan 19)
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. 10. Date deceased last worked at Jan 1932 11. Total time (yeers) spont in this occupation (month and year) occupation 7 %	
12. BIRTHPLACE (city or town) Baltumol (State or country) Wars Co	Other Contributory Causes of Importance:
E	\a_000
4 14. BIRTHPLACE (city or town) (State or country)	Name of operetion Dete of What test confirmed diagnosis? X-Ray Was there an au opsy?
15. MAIDEN NAME Complexity	What test confirmed diagnosis? Was there an au opsy? Was there are un opsy? Was the w
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT de cessed on admission (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place January Date July 2 , 1832	Manner of injury
19. UNDERTAKER SM & Creaker	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hurring Wo	If so, specify
20 EUED 2/1/37 10	(Signed) Paul They M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimole, Reguestra V. S. Nols

(Address) Lanatorium

Co

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIA	N
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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	7 5 7 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07755
112	state UPA-	1. PLACE OF DEATH	101
	7 1 9	County Trederich	Registration Dist. No. 131
	should of OCC	Village or City M material translat	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	t S it	Length of residence in city or town where death occurredyrs,mos.	29 ds. How long in U.S. if of foreign birth? yrs mos ds.
	CORD. Every PHYSICIANS let statement	2. FULL NAME William Sug	
	SIC ate	(a) Residence: No. Tut, Qivy Mud	St., Ward.
	RD (YS	(Usual place of above)	If nonresident give city or town and State
	RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
I	T R.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awrite the word)	21. DATE OF DEATH July 32 , 193 2 (Year)
G	NEN C T I	5a. If married, widowed, or divorced	0 10
BINDIN	MANEN A C T I	HUSBAND of COMMENTED COMMENT OF WIFE OF COMMENT	22. HEREBY CERTIFY, That I attended deceased from
Z	Cla	Toward Toward Comment	June 24 , 1932, to July 22 1932
BI	EX. Iy cla	6. DATE OF BIRTH (month, day, and year) Mar 12. 1870	I last saw him alive on July 23, 19.37; deeth is sald
23	y l	7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at. 3. 4 5 7,m The PRINCIPAL CAUSE OF DEATH and related causes of Importance
FOR	IS A PE stated E properly certificate	6259 4 10 ormin.	were as follows: Date of onset
_	HIS be be lof c	8. Trede, profession, or particular kind of work done, as SPINNER,	
回		kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et June this occupation (month and	On seen of Street
R	should it may n back	work wes done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
SE	Sh rit sh	11. Total time (years) this occupation (month and 1932 vest) vest	
RESERVED		year) spartin this decupation (month and 1932 spartin this 40	Other Contributory Causes of importance:
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Waryland	Other Countries of Importance.
H	AD ed.	(State or country)	
MARGIN	UNFAllupplied.	# 13. NAME trace Sue	
MA	D = 3	13. NAME trace Sue	Name of operation Dete of
	Irrh illy su plain t. See	(State or country)	What test confirmed diagnosis? Was there an autopsy?
	WITH efully in plai	15. MAIDEN NAME Rachael Workley	23. If death was due to external causes (VIDLENCE) fill In also the following:
	. 14	15. MAIDEN NAME (2 achael Woyley 16. BIRTHPLACE (city or town) Waryland (State or country)	Accident, suicide, or homicide? Date of Injury, 19
	AINLY, id be ca DEATH y import	∑ (State or country)	Where did Injury occur?
	AIN 1 b	17 INFORMANT Lames a Jones Surel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		(Address) Montever troops Tred. H. my.	
		18. BURIAL, CREMATION, DR REMOVAL New Barthlows Mod	Manner of injury
	SE	Deboarvin Com Date July 25, 1982	Nature of Injury
	-WRITE PI mation shou CAUSE OF TION is ver	19 UNDERTAKER Thomas & Poice	24. Was disease or injury In any way related to occupation of deceased?
No. 1	LEOH	(Address) Froederick I Nd	If so, specify
V.S. N	N. B	20. FILED 23- July, 19 2 2 to af one lung	(Signed) A. D. D. M. D. (Address) Arademick Smoth
		If more planks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.
		-	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SURIAL ST	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WHAMA	07756
PLACE OF DEATH County Tederile	STATE OF MARYLAND CERTIFICATE OF DEATH
T	Registration Dist. No. 13/2
Village or City Tarduck (No. 1146)	Christ Fullicward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 7 4 COLOR OR RACE 5 - INGLE, MARRIED, WINDOWED OR VIVORCED OR VIVORCED OR VIVORCED OR VIVORCED	16 DATE OF DEATH 193 (Year)
6 DATE OF BIRTH July 19, 123L	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year	and that death occured on the date stated above, at
day hrs.	The CAUSE OF DEATH * was as follows:
b occupation or omin,	C to the state of
(a) Trade, profession or particular kind of work	man (b ma)
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country)) all	Contributory Secondary (Durfton) yrede
10 NAME OF Ener G. Hastett	(Signed) ES Drock M. M. D. Harris
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Vingis M. Fredericks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country) State of Country)	At place of death yrs mos ds. State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Every G. Hackey	Former or usual residence
(Address) Jack mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1919
15 Filed 19 - July 1982 draf McCurle	albert & Lloton Frederick
If mora blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning cfillness. If retired from er," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Cosl mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, .. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman,"" Janager,""Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Solesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Automobile feetory. The (b) Grocery; material

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebros pinal "uphoid fever (never report "Typhoid Pneumonia"; to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISobar pneamonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, totanus) may be stated under the head of "contributory." "PUERPERAL septicuemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Corcinoma, Sarcomo., etc., of carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiod nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death taken. Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus, " "Old Age, " "Shock, Chronic etc. The contributory valvular heart diseuse; Nomenclature Always qualify all Measles ;

answered in detail, it will prevent further correspondence. data is essent.al, and must be obtained before the certificate is permanently nied. If this certificate is looked over thoroughly and all questions

should state

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

Ca	My	19	E 19
17	1	1	57
-			-

1. PLACE OF DEATH County Herederic	6.	40	
4		Registration Dist. No. 132	
Village or City Michael	tous	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Langth of residence in city or town where		ds. How long in U.S. if of foreign birth?yrs,mo	
2. FULL NAME Bessie	To Halter		
000 mg/m mm/m = 1 m m/m = 1	, 9,000,000	Ot Wash	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Hemale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	1933Z (Year)
a. If married, wildowed, or divorced	· · · · · · · · · · · · · · · · · · ·		ar, nes,
HUSBANO of (or) WIFE of Millard	Halter	22. I HEREBY CERTIFY, That I attended d	eceased from
DATE OF BIRTH (month, day, and year)	an 12 1879	Hast saw hely alive on July 50, 1932	; death is sal
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5.30 m.	
63 5	23 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0.1(
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hauscheeper	Carcinoma of Intestens	Oate of onse
9. Industry or business in which work was done, as SILK MILL,			
SAW MILL, BANK, etc.		will metartetes to Blooder	
- I this occupation (month and	11. Total tima (years) spent in this	Regterm and luters -	
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	allows		
(Stata or country) Mary	.111		
13. NAME Hallin J	Trefaures	7	
14. BIRTHPLACE (city or town)	4	Name of operation Me section of Intesting Oato of	
(State of country)	aryland 3	What test confirmed diagnosis? Receivedafrie Swas there an au	topsy?_2
15. MAIOEN NAME Laure 16. BIRTHPLACE (city or town)	ella & Shiffer	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	delle tous	Accident, suicido, or homicide? Date of injury	, 19
(State or country) Ma	ryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Leasy M	Refaurer	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	CE.
8. BURIAL, CREMATION, OR REMOVAL	aucom ora	Managastatur	
Place meddletoim	Oate July 7 , 1932	Manner of Injury	
T. Y 41	41-11 00		
(9, UNOERTAKER (Address)	Machile	24. Was disease or injury in any way related to occupation of deceased?	
(Augusta)	Marchogen	If so, specify Slaves Hack	
20. FUED WILL 7 1932 - 17	Tay son Duller	(Signed) Andrews MA A A A A A A A A A A A A A A A A A A	2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2,

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of cpilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance		
May 1,1923		1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 B

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(30)
County FREDERICK	Registration Dist. No. 145
Village or City MYERSVILLE	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth?yrsds,
2. FULL NAME ALBERT AQUILLA HA	RSHMAN.
(a) Residence: ND.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
MALE WHITE MARRIED	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of JENNIEC. HARSHMAN	
(or) WiFE of	22. HEREBY CERTIFY, That I attended declared from
1 10.40	duly 10 ,19 27, to 0 (14 20, 19 2)
6. DATE OF BIRTH (month, dey, and year)	I lest saw h elive on Quel-Ly 49 heath is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 1/10-17-m. The PRINCHAL CAUSE OF DEATH and related ceuses of Importance
59 3 ormin,	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Celebral HEMEXThage
9. Industry or business In which	Mualandilis
work was done, es SILK MILL, Jun farm	
10. Date deceased last worked at this occupation (month end year) spant in this occupation.	Lu mouary Exma
na al ian i	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town)	HRTEYIQ Seteras 18
(State or country)	Aufrer Eysive Candis Vaseular
13. NAME JOHN ! HARSHMAN	KELLA Lifeagle
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME NAMEY J. BOWMAN 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to external causes (VIDLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MAY O. HARSHMAN (Address) MYERSYLLE, MD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place GrossnickLEEM, Date 7/31 1932	Nature of Injury
CTUC	
19. UNDERTAKER LILL GADHILL	24. Was disease or injury in ear way related to occupation of deceased?
(Address) MIDDLETOWN MD.	If so, specify
20. FILED July 31, 1932, William D. Wachtel	(Signed) M.D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
11 7.8.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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	1	M	
ITI	1	14	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07759
1. PLACE OF DEATH	(09)
county Frederick	Registration Dist. No. 139
Village or City State Sanatorus	ND. M. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town whera death occurredyrs5mos.	
2. FULL NAME SSAINS Q.	till
(a) Residence: No. 424 N. Pulase	ist, Ward Balto Md.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3/SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
emale white widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of L wylanown	Tel 3 1932 to July (0 19 32
6. DATE OF BIRTH (month, day, and year) Jan. 10, 1889	Hast saw h. L. alive on July 10, 1932; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2:30 Pm.
43 6 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Outmonary welculosis
Work was done, as SILK MILL, Murt Factory SAW MILL, BANK, etc.	
this occupation (month and Nov. 1431 11. Total time (years) spant in this 5 yrs year)	
12. BIRTHPLACE (city or town) Finland	Other Coutributory Causes of importance:
(State or country)	
13. NAME august W. Nicholson	
14. BIRTHPLACE (city or town) Aweden	Name of operation Nove Deterat
(State or country)	What test confirmed diagnosis? West X ray t Por Was there an au opsy? ho
15. MAIDEN NAME wa a. Helmen	23. If death wes due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT CLUVA a. Hill Con admirrion (Address) 42 4 M. P. Maske St. Roots with	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place 12 ala: VIII. Date his Rivura	Nature of injury
19. UNDERTAKER ML. Creager	24. Was disease or injury In any way related to occupation of deceased?
(Address) Thurmontfill Md.	If so, specify
20. FILED // 10 , 193.2	(Signed) I (I) War A Maffel M. D.
Registrar.	(Address) frall Scance toleran My.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows: Tage 2	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory cruse (a) importance: Gallstones	/	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Ĝastroenteritis	1 year

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Br. Bassha.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registerar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(7763)
County Jy RALDJCB	Registration Dist. No. 150
Village or City Buckleys lown	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
d 12 10 760 40	Then -
2. FULL NAME TWO SHALLEST	To Charles Mand
(a) Residence: No. D. M. (Uyd) place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Only 18
Hemas Mule	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended deceesed from
(or) WIFE of James L. Leather	1932 to July 13 1932
6. DATE OF BIRTH (month, bey, end yeer) MON 19 - 1860	Mast saw hat alive on 12 , 1937; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
72 3 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0
SAWYER, BOOKKEEPER, etc.	Cerebral hemorling de 3
work was done, as SILK MILL, SAW MILL, BANK, etc.	9
10 Deto deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation	04 - 6 - 13 - 1 - 6
12. BIRTHPLACE (city or town) Mary and	Other Contributory Causes of Importance:
(State or country)	aleus Schurses
" 13. NAME GLODGE CAWASA GOSK	
13. NAME SLOSSE AWASA SO OFF. 14. BIRTHPLACE (city or Town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME DENSILLA BOSSE 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 22
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Milint And Date July 13, 1932	Nature of injury.
A R Q to Sing The	24. Was disease or injury In any way related to occupetion of deceased?
19. UNDERTAKER ROST 1 STATE OF THE STATE OF	If so, specify
on sure of the same of the sam	(Signed) ToCly by Il rulow M.D.
20. FILED 22. 19.3 Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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B

MARGIN RESERVED FOR BINDING

2000	IANS	ment	1
	YSIC	state	
-	PH	xact	
	Y.	回	
THE PERSON OF TH	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	
1	团	ly .	ste.
44	stated	proper	TION is very important. See instructions on back of certificate.
244	he	pe	jo
4	pinou	may	back
444	S	t it	On
2	AGI	tha	ions
4	Ŧ	, S0	net
4 4 4	pplie	terms	instr
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4	q p	DE	y in
4	houl	OF	ver
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11 80	matio	CAU	TION

of OCCUPA.

1 DIAGE OF BEATH	TE OF DEATH 07766
1. PLACE OF DEATH	130
County Frederick	Registration Dist. No. 130
Village or City Point of Rocks No.	St., Ward
Length of residance In city or town where daath occurredyrsmosds- How long in	
2. FULL NAME John James McCabe.	
(a) Residence: No. St., Ward. (Usual place of abode)	If nonresident give city or town and State
	CAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	EATH July 27, 2 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Neumann.	REBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Nov. 8, 1869	ive on Se 7217 193 death is said
7. AGE Years Months Days If LESS than to have occurred on the 1 dey, hrs. The PRINCIPAL CAUSE	
8 Trade profession or particular	Plus aladia Corre
9. Industry or business in which B. & O. R. R. Co.	tive 1. +
yaar) occupation	- The state of the
12. BIRTHPLACE (city or town) Waryland (State or country)	les of Importance:
13. NAME John McCabe.	
L (Chate or newstan)	gnosis? Was there an autopsy?
	xternel causes (VIOLENCE) fill in also the following:
	nicida?, Data of injury, 19
Mrs J J MaCaba	(Specify city or town, county and State) occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL (Run, Coder Fill Corp. Day Trains 29 to 72	
Anne Arundel County) M. R. Etchison & Son	In any way related to occupation of deceased?
20. FILED Let 78, 1937 Tay of Touton (Signed) T. J. Registrar. (Address)	Buckeystown, Md.

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Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	MUG 4 (83)	July 5,1927	Peritonitis ·	3 days ago			
	SUREAU V. S.						
Other contributory causes of importance:			Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND
CERTIFICATE OF DEATH
93-0
Registration Dist. No.
St.: Ward) (If death occurred in a hospital or institu-
41 4 4 818 849 8
release steed of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH July 16th, 1932
Ck 1/
(Month) (Day) (Year)
17 HEREBY CERTIFY, That Lattended the deceased from
The state of the s
and that death occurred on the date stated above, at 40 am,
The CAUSE OF DEATH * was as follows:
My ocorditis + My ocordial degenerates
······································
(Durstion) 6 yrs 0 mos D de
Contributory
Secondary
(Purstion)
(Signed) OF B. Stone M. D.
July 16 1932 (Address) a Write foron, Md
State the Discase Causing Death, cr. in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place of deathmosds. In the Stateyrsmosds.
Where was disease contracted,
if not at place of dea.h?
usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fairmont Cemelery July - 18, 1932
20 UNDERTAKER
Cowell & albaugh A burly town

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, whatever, write None. business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	1. PLACE OF DEATH			93-a		
County Frederick Village or City Near Utica					Registration Dist. No. / 🏖 /	
					No. St., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Lengi	th of residence in c	ity or town where d	eath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsme	osds.
2. FUL	L NAME Residence: No	Ubrgaret N e ar Ut	An n Miolica (Usual place of		St., Ward. If nonresident give city or town and	State
PE	RSONAL AN	ID STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Forms		White	5. SINGLE, MARRI OR DIVORCED	(write tha word)	21. DATE OF DEATH July (Month) (Dey)	, 193 2. (Year)
5a. If marria HUSBA (or) WI	d, widowed, or divention of ND of IFE of		chael		June 3d July 13th	1 19 32
6. DATE OF BIRTH (month, day, end yaer) Jan. 14 1849						; daath is said
7. AGE 83	Years	Months 6	Deys	If LESS than 1 day,hrs. ormin.	to hava occurrad on the date stated above, at 4:30a m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Acute myocarditis	Date of onect
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data decaased lest worked at this occupation (month and yaar)			l occup	e (yeers) in this ation	Other Contributory Causes of Importance: Arteriosclerosis	5 yr
12. BIRTHP	ENCE (CITY OF LOWIS					
(Stat	te or country)	el Thitte	יירו			
(Star	te or country)	el hitte	r. land		Name of operetion Date of Whet test confirmed diagnosis?	
(Stai	te or country) ME Gabri THPLACE (city or t (State or country)	town) Mary	land		Name of operetion Date of Whet tast confirmed diagnosis? Was thera and 23. If death was due to external causes (VIOL ENCE) fill In also the following	utopsy?
(Stal # 13. NAM # 14. BIR # 15. MAI # 16. BIR	ne Gabri THPLACE (city or t (State or country) DEN NAME	Ann Ed	land		Whet tast confirmed diagnosis? Was thera an a 23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicida? Date of injury	outopsy? g: , 19
(State 13. NAM 14. BIR 15. MAI 16. BIR 17. INFORM. (Add	THPLACE (city or t (State or country) DEN NAME THPLACE (city or t (State or country)) DEN NAME THPLACE (city or t (State or country)) ANT Devi	Ann Ed	land mondson ffman		Whet tast confirmed diagnosis? Was thera an a 23. If death was due to external causes (VIOL ENCE) fill in also the following	autopsy? ;: , 19
(State 13. NAM 14. BIR 15. MAI 16. BIR 17. INFORM. (Add 18. BURIAL,	THPLACE (city or to (State or country) DEN NAME THPLACE (city or to (State or country)) DEN NAME THPLACE (city or to (State or country)) ANT Davidress) Referenation, or and or	Ann Ed town) ID. d C. Frede REMOVAL	land mondson ffman riok d Date July		Whet tast confirmed diagnosis?	autopsy?;;, 19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 5 1832	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BTERRAU V.S.	July 5,1927	Peritonitis	3 days ago
	X. F.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1	MARGIN RESERVED FOR BINDING	FOR BINDING
N. B.—WRITE PLAINLY,	WITH UNFADING INK-THIS	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be care	efully supplied. AGE should be	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH I	in plain terms, so that it may be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very importa	TION is very important. See instructions on back of certificate.	certificate.

1. PLACE OF DEATH	3
County Trederick	Registration Dist. No./3/=
	NoSt.,Wa death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign hirth?mos
2. FULL NAME Bally Moure	
(a) Residence: No. Well Wallsel, Wed. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month) Month Mon
a. If married, widowed, or divorced HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year)	22. HEREBY CERTIFY. That I attended deceased fr July 11 1932, to July 1932 Alast saw h alive on 19 ; death is s
. AGE Years Months Days II LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month end year)	Other Contributory Causes of Importance:
Z. BIRTHPLACE (city or town). Carry Carry (State or country)	
13. NAME 14. BIRTHPLACE (city or town) Wew Marleel, W. d., (State or country)	Name of operation. Date of. What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Sadie Wais Mouroe	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Sadie Way Mouve 16. BIRTHPLACE (city or town) New Marlsel, Med. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
7. INFORMANT James, a Journal Sunt.	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Moreture Cum Date 11 July 193 2	Menner of injury
9. UNDERTAKER James a Jones Suft.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11 - July 198 2 Doas meeting	(Signed) 120 Horses (Address) 22 Line 14 Miles

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU T. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastrocnteritis	1 year

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	D—CERTIFICATE OF DEATH 07771
1. PLACE OF DEATH	8)
County Frederick	Registration Dist. No. 140
Village or City Nordsboco	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of cesidence in city or town where death occurredyrs,	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Mort
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREABY CERTIFY, Thet I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Deys If LESS to 1 day, or	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Abortion
Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O Oate deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Noodsboyo	Other Coutributory Causes of Importance:
(State or country) (Judiciety), (00.	
13. NAME Harrison St. Mort	
13. NAME Harison It. Mort 14. BIRTHPLACE (city or town) Manyland (State or country)	Name of operation Dete of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Nettin E. Egyler 16. BIRTHPLACE (city or town) - Maryland (State or country)	23. If death was due to external couses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Mary land	Accident, sulcide, or homicide? Dete of Injury, 19
17. INFORMANT Mars. Nettice & Most	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Woodstors. Mid.	
Ptace Oate 15	Manner of injury
, III	Nature of injury
19. UNDERTAKER (Address)	24. Was disease er injury in any way related to occupation of deceased?
20. FILED July 29,1932 & Pourse Regist	(Signed) 1536 h M. O. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AUG 3 1039	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
STEEN V 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEME	NTS	BY	PHYSICIAN	ľ
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0	item of infor- should state of OCCUPA-	STATE OF MARYLAND— 1. PLACE OF DEATH County Tre develop Village or City Morderu Tropital (IF	Registration Dist. No. / 2/ No. No. Ward Land Land Land Market and number) Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(1)	CORD. Every PHYSICIANS lct statement	Length of residence in city or town where death occurredyrs,mos. 2. FULL NAME Qual Elizabeth Wishout (a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
	ECORD PHYS cact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rh	T R	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
BINDING	d EXACTI erly classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 932 16 LESS than	22. I HEREBY CERTIFY. That I attended deceased from 1.9, 1932, to July 1.3, 1932. I last saw here alive on July 2.3, 19.32; death is said to have occurred on the date stated above, at 1.2.16 Cm.
ERVED FOR BINK—THIS IS A PE should be stated E it may be properly a back of certificate		8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
IN RESER	DING INF AGE sh so that it uctions on	0. Date deceased last worked at this occupation (month and year) 11. Total time (years) spont in this occupation 12. BIRTHPLACE (city or town) Caryland (State or country)	Other Contributory Causes of importance:
MARGIN	sur in t	13. NAME Rockword Wishau 14. DIRTHPLACE (city or town) Wary and (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an au'opsy?
	INLY, W be carefu EATH in important	15. MAIDEN NAME Searl alma Starr 16. BIRTHPLACE (city or town) Waryland (State or country) 17. INFORMANT James a Jones Sund	23. If death was due to external causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
		(Address) Wortene Took, Jied, 74 Mid 18. BURIAL, CREMAYON, DR REMOVAL Place Tiple Creek Clice Date 24 - July , 1982	Manner of injury
V. S. No. 1	N. B.—WRIT mation CAUSH	19. UNDERTAKER DA Harfest Story (Address) 20. FILED 23 - July, 1932 Joseph Meland, Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)
	V		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I			Example II		
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	110 5 1839	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July5,1927	Peritonitis	3 days ago	
Other contributory of	eauses of importance:	and the state of t	Other contributory causes of importance:		
Gallstones		May 1,1923	Gustroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07773
1. PLACE OF DEATH	- L
County Frederick	Registration Dist. No. /3/=
Village or City Montercul / tos	bertal - St., Ward
112	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2 FILL NAME Elmost the Oras	14.
(a) Residence: No. Treslerick 7	Local, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sexuale 6 closed 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Month) 7 (Oay) 193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Kelfer Oran	22. I HEREBY CERTIFY, That I attended deceased from 19.3. To July 7 19.2.2
6. DATE OF BIRTH (month, day, end year) Dec. 11. 1885	Hast saw Ther alive on July 7 (1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 Pm.
46 6 26 1day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, piofession, or particular / kind of work done, as SPINNER,	/
SAWYER, BOOKKEEPER, etc. Sullature	9 1 2 2 2
work was done, es SILK MILL, SAW MILL, BANK, etc	Distretas
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and spant in this	
year) occupation (month and spanish this	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Marshord	Office Contributory Causes of Importance.
(State or country)	
13. NAME Trusberry Tyler 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Geargealina Susude	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (dy or town) - Marylone	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James a formes (Address) Frederick md.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New Market, My Date July 10, 19 32	Nature of injury
19. UNDERTAKER albert Vi Dison	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frederick, Md	If so, specify
20. FILED 9 - July 1932 Josaf McCaul	(Signed) All Leaves M. D.
Registrar.	(Address)
15 more biankgare needed, adaress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07774
1. PLACE OF DEATH	23
county I reduce	Registration Dist. No. 1 5 7
Village or City Atute Sanatorum	- No. / A St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	
2. FULL NAME Luca Calla	dirio
(a) Residence: No. 220 Summet a (Usual place of abode)	Ward. Hagers lown M. G. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 23, 198 2
5a. If married, widowed, or divorced HUSBAND of	(Nonth) (Day) (Yeer)
(ac) WIFE of Kate Calladino	1 HEREBY CERTIFY, That I attended deceased from 1922, to July 23, 1932
6. DATE OF BIRTH (month, day, and year \uge 16.1868	Mast saw Dissalive on July 22,1932; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, et 6. A m.
6 5 1 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	Alaman and the cut and
SAW MILL, BANK, etc.	granition of floor caucions
11. Total time (years) this occupation (month end 3 40 age) year) year) O Total time (years) spant in this occupation.	son.
0 t = 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	A Mother to
13. NAME anthony Palladino	Dianew 1 acres
14. BIRTHPLACE (city or town) I taly	Name of operation Dete of
(State of country)	What test confirmed diagnosis? May
15. MAIDEN NAME Theomania -?	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Tally (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT JOSeph Balladino	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hayerstown Date Linkmoren	Nature of injury
19. UNDERTAKER C. M. Sutural Jon. (Address) Hack of Delivery	24. Was disease or Injury in any way related to occupation of deceased? W
20. FILED . 7/23 , 1932 Registrar.	(Signed) Illwarts Maffer M. D.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

12	my	billip	100	80-
U	6	6	6	0
_		-	-	

1. PLACE OF DEATH		- (a)	
County Fredorects		Registration Dist. No. 144	
Village or Gity Near Dewisto	wn	No. St.,	Ward
Length of residence in city or town where death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME Omfant	Thomas	burno	
9	W. Carrier	1	
(a) Residence: No. Near Coeurs (Usual place		St., Ward. If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	DECREOUS
3. SEX 4. COLOR OR RACE 5. SINGLE, MARI Fremale Whits	(write tha word)	21. DATE OF DEATH Sels 30 1932	
5a, If married, widowed, or divorcad	y co	(Month) (Day) (Yea	ir)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased	from
^		, 19, 19, 19	
6. DATE OF BIRTH (month, day, and year) feely 30	1932.	I last saw h alive on, 19; death i	is sald
7. AGE Yaars Months Days	If LESS than	to have occurred on the date stated above, at	
0 0 0	1 day, O. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profassion, or particular		Date of	onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc		Still Corn	
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc. 10 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and			
- I this occupation (month and - 3pan	me (years) tin this pation		
12. BIRTHPLACE (city of town) Year Lawis. (State or country) No arreland	lown	Othar Contributory Causes of importança:	
1 0	/		
13. NAME Townende Toans 14. BIRTHPLACE (city of town) Near Carries	turg		
(State or country) Many Care	Loider	Name of operation Date of	
		What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Settla Taudy		23. If death was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Bestha Taudy 16. BIRTHPLACE (etty town) Year Middle	elown	Accident, suicide, or homicide?	
(State ar country) Mossyland	0	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Trawvence Tormes (Address) Near Trewistown	urg	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	4	Mannar of injury	
Beetheran Com Date feel	431,1932	Nature of injury	
Moiddlatown Md on 600		24. Was disease or injury in any way related to occupation of decaasad?	
19. UNDERTAKER THOMAS J. TOURS (Address) Froedomer Med	4	If so, specify	
2D. FILED July 30 1932 Juna M.	Jones	(Signad) But house	_ M. D
// /	Registrar.	(Address)	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis : . V	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 4 1832			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

6	-7	3	ing.	6
U	6	0	-	U

1. PLACE OF DEATH	(23)
County of rederick	Registration Dist. No. / 3 9
Village or City State Samalorum	No. Md - St., Ward
Length of residence in city or town where death occurred vrs 5 mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
I I I I I I	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME TOWARD GT. A	-angold.
(a) Residence: No. 1) Lyun, 1 hum	CSI, Jews. CO. VNd.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
QR DIVORCED (write the word)	21. DATE OF DEATH
ville married.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(01) WIFE of Vhary U. Sanford.	Feb. 1. 1932 to July 27 132
6. DATE OF BIRTH (month, day, end year) 19. 1887	I last saw h Malive on July 26, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 75.5 Am.
45 0 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of one et
sawyer, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	Tulmonary Luberculosis
SAW MILL, BANK, etc.	
and occupation (month and MI) 18 . 160 1 Spant in this 2 Can	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) & Mgma	1 D '+
(State or country)	/ whichous Taringelis
13. NAME Cardanford.	
14. BIRTHPLACE (city or town) V warmia	Name of operation Date of
(State or country)	What test confirmed diagnosis? Lust Xruy + Pos. Was there an au opsy? Lo
15. MAIDEN NAME 16. BIRTHPLACE (city or town). U. J.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Ulamia	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mary V. Samford.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Blaywn hid	
18. BURIAL, CREMATION, OR REMOVAL D.C.	Manner of injury
Place Washing lon Date unmotion	Nature of Injury
19. UNDERTAKER W. W. Chambers.	24. Was disease or Injury In any way related to occupation of deceased?
(Addiess) 400 Chapin St. N. W. J. Wash. B.C	If so, specify
20. FILED 7/27 1932	(Signed) Selwart & Moffee M. D.
Pariety	(Address A Tate Sang to Ping May)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

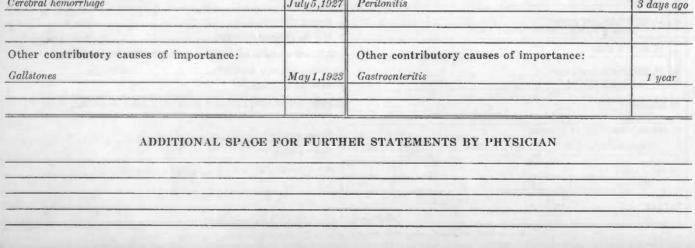
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial, nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



PHYSICIANS should state

OCCUPA-

of

Exact statement

classified.

properly

certificate.

of

See instructions on back

1. PLACE C County_F Village or

Length of re

2. FULL NA (a) Reside PERSO

5e. If married, wido HUSBANO of (or) WIFE of

6. DATE OF BIRTH

6

3. SEX

7. AGE

20, FILEO.

reder	ATH rick			Registration Dist. No. 130			
	oint of Re	ocks.		NoSt., Ward			
(1				(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds.			
ME	John The	omas Scall	.y				
nce: No.		(Usual place		St., Ward. If nonresident give city or town and State			
NAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married			RIED, WIDOWED,) (write the word)	21. DATE OF DEATH July 21, 195 2 (Month) (Day) (Year)			
V	wed, or divorced Mary R. Haskill (month, day, and year) May 25, 1863						
wed, or div	vorced ary R. Ha		3	22. I HEREBY CERTIFY. That i attended deceased from 1932, to 21, 1932 last saw harmalive on 22, death is said			

CUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stone Mason Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Pulmmany Tuberculisis?		
200	10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 50 occupation			
12	BIRTHPLACE (city or town) - England(State or country)	Other Contributory Causes of importance:		
HER	13. NAME Chas. E. Scally.			
FATE	14. BIRTHPLACE (city or town) Dengland (Stete or country)	Neme of operation Date of Was there an aulopsy?		
HER	15. MAIDEN NAME Catherine Bridgett	23. if deeth was due to external causes (VIOLENCE) fill in also the following:		
MOTH	16. BIRTHPLACE (city or town) England. (Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?		
17	INFORMANT Mrs. J. T. Scally. (Address) Point of Rocks, M.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
-	BURIAL, CREMATION, OR REMOVAL	Manner of injury		
	Place Point of Rocks, Mdoate July 23, 1932	Nature of Injury		
19	M. R. Etchison & Son. UNOERTAKER Frederick, Md.	24. Was disease or Injury in any way related to occupation of deceased?		

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
SUREAU V.A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

M

MARGIN RESERVED FOR BINDING

S. No. 1

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Example I	e de la constante de la consta	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
			1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIA
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STATE OF MARYLAND-CERTIFICATE OF DEATH

V. S. No. 1	MARGIN RESERVED FOR BINDING	X T
N. B.—WRITE PLAINLY, W.	N. BWRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT MECORD. Every item of infor	VT KECORD. Every item of info
mation should be carefully	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	LY. PHYSICIANS should sta
CAUSE OF DEATH in pl	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	Exact statement of OCCUP.
TION is very important.	TION is very important. See instructions on back of certificate.	

1. PLACE OF DEATH	MANILAND	CERTIFICATE OF BEATH	
County FREDERICK		Registration Dist. No.	132
Village or City MIDDLET	OWN	No.	St Ward
e. \	(Ii	f death occurred in a hospital or institution, give its NAME instead of a second secon	street and number)
2. FULL NAME INFANT	T. SIGLER		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RACE MALE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH July 2 2 (Day)	- , 193 2 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I	attanded daceased from
	0 11 16 4 4	July 2/ 1932,10	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day, 12 hrs. or	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importative as follows:	
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	-	fround dead in	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at		have Strangeled	en
10. Date daceasad last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	swaffer at the	Downey
12. BIRTHPLACE (city or town) MID (Stata or country)	LETOWN	Other Contributory Causes of importance:	1
E 13. NAME GEORGE SIGLE	R		
13. NAME GEORGE SIGLE 14. BIRTHPLACE (city or town) (State or country) MAR	YLAND	Nama of oparation	
15. MAIDEN NAME MARY E.	LAPOLE	23. If death was due to external causes (VIOLENCE) fill in also the	
15. MAIDEN NAME MARY E. 16. BIRTHPLACE (city or town) (State or country) MATI	YLAND	Accident, suicide, or homicide? Date of injury Where did injury occur?	y, 19
17. INFORMANT GEORGE SIGL (Address) TOLDIS LETOM	ER MD	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	y and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ZITTLE STOW:	Date July 23, 19.52	Manner of injury	
19. UNDERTAKER CTIL GLAN	DHILL C	Nature of Injury 24. Was disease or injury in any way related to occupation of dace	
20. FILED 111922, 1932 D. T.	nayora aulla	If so, specify (Signed) (Addrass) (Addrass)	861 - M.D.
If more b	1/	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	Segt o BOW	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	004	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	CEMEDEL	3 days ago
			a philipping bear with a discourse recommend	
Other contributory causes of importance:		Other contributory	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
				1

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If more blanks are needed, address State Registr

	CERTIFICATE OF DE	AID 07781
	186-0	1.94
is,	11 1 2 :	on Dist. No. 131
(If	death occurred in a horpital or institution, give its NA	ME instead of street and number)
nos.	ds. How iong in U.S. if of foreign birth?	wosds.
2	seller	
	St., 3 Ward.	
		ent give city or town and State
-	MEDICAL CERTIFICA	TE OF DEATH
	July kulse	29 1932
	(Month)	(Day) (Yeer)
	22. I HEREBY CERTI	F.Y. That I ettended deceesed from
	0.1987	1936 1936
	I lest saw h alive on	deeth is said
rs.	to have occurred on the date states above, at 2. The PRINCIPAL CAUSE OF DEADH and releted c	
_	were as follows?	un Pate of onseg
	There I have	Mul Son
	Jan John	1921
	Charles pen	1000 JOLD
-	Jul 29th	-1n/2 181937
	Other Contributory Comportence:	
	Hilling of	My dea
	1	1533
	Name of operation.	Date of
		Was there en autopsy?
	23. If deeth was due to external causes (VIOL ENCE	fill in aiso the following:
	Accident, Stricide or homicide ANDER 1	Late of injury left 1930
-	Where did injury occur?	or town, county and State)
	Specify whether injury occurred in INDUSTRY, in	HOME, or in PUBLIC PLACE.
-	Manner of injury	1 /10
2.	Neture of injury	propped !
	24. Was diseese or injuty in any way related to be	apation of Acceased?
	If so, specify	P. M. A.
1	(Signed) TC A	A. A.M.D.
f	(Address) fflet ff	Mr /M
40	24 . N Charles Serest Baltimore Powerters 71 C	Va -

CEDTICICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
0.1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

98, Hedges

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	NT RECORD. Every item of infor- LY. PHYSICIANS should state . Exact statement of OCCUPA-
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH mation should be carefully CAUSE OF DEATH in plair TION is very important. So

1. PLACE OF DEATH	Registration Dist. No. 134
Ø . + l	Registration Dist. No.
Village or City Grands and	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town whera death occurradyrs	8_mos. 22ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Llew Will	w Wagaman
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	
male white single	(Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY. That I attended decaased from
(or) WIFE of	July 25 132 to July 26 193'
DATE OF BIRTH (month, day, and year) 7000 4-19	3/ Wast saw h sur alive on July 26 , 12 2; death is si
AGE Years Months Days If LE	S than to have occurred on the date stated above, atm.
7 2 1 day, or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trada, profession, or particular	Cholery infaution about it
kind of work dona, as SPINNER, Core SAWYER, BOOKKEEPER, etc.	p. 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Convulsions - 26, 25,
10. Date daceasad last worked at 11. Gotal tima (years'	() V
this occupation (month and spent in this occupation	
PINTURI ACE (illustrum) Emilitabur	Other Cautributary Causes of importanca:
BIRTHPLACE (city or town) (State or country)	
13. NAME Phar les Elen Waser	Cau .
14. BIRTHPLACE (city or town) Full with the	Name of operation with Data of
(Stata or country)	What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Edus C. Braw	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(Stata or country)	Where did Injury occur?
INFORMANT Chos & waganing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Eninfolding	ıl
BURIAL, CREMATION, OR REMOVAL MA	Manner of Injury
Place Mary Date July 1	19.3.2 Natura of injury
UNDERTAKER W. J. Shings &	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Emitality u	If so, specify which
FILED The hear 1932 M. F. Sans	(Signed) NIC Clad U. M
C/ C/ CASOR	istrar. (Address) Menseloke Med

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Fording	Registration Dist. No. 13/
Village or City Trederible	No. St., Waldesh occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. Hof foreign birth? yrs mos
2. FULL NAME (a) Residence: No. 10 > - 10 5 6 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet I attended deceesed from 193 to 1 - 3 193
5. DATE OF BIRTH (month, day, end yeer)	I test saw h_ deive on 7-3,193 1; deeth is s
7. AGE Yeers Months Days If LESS then 1 day. Arrs.	to heve occurred on the date steted above, at
3. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Principle bith
to Date deceesed lest worked at this occupation (month end year)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of Wes there en eutopsy?
15. MAIDEN NAME Elizateth & Washington 16. BIRTHPLACE (city or town)	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, EREMATION, OR REMOVAL PIECE V Date 7-4, 1931	Manner of injury
19. UNDERTAKER albert V. Dijon. (Addiess)	24. Wes diseese or Injury in any way related to occupation of decesed?
20. FILED Truly 1902 Dr. Que In Curly	(Signed) 6 5 April 10 M

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis X	1 year

infor-

V. S. No. 1

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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07786
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 134
Village or City La. Emmitshur	No. St., Ward
(1f	death occurred in a hospital or institution, give its NAME instead of street and number)
Ø 0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Latherine Orola W	etzel
(a) Residence: No. (Usualplace of abode)	USt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale white OR DIVORCED (write the word)	July D. 4 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month day and year) Cel 24-1932	I last saw h. W. elive/on Jely 24, 1932 death is said
6. DATE OF BIRTH (month, day, and year) 24-732 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et 57.30 fm.
1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
9 Tendo profession or particular	were as follows: Bhy die in deliver Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- 9.4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (mostly and	Had no doclor was called
SAW MILL, BANK, etc	how before shield diel
this occupetion (month and spant in this occupation occupation	
12, BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
13. NAME auro Fruttel	
13. NAME ALLOW THE LEGEL 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city of town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city of town) June 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) reauthors.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT dues weller and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Toursale 19 Date paly 25, 1932	Nature of injury
19. UNDERTAKER W. J. Shiff fz	24. Was disease or program in any way related to occupation of deceased?
(Address) tunto ling and	If so, specify 1000 / Lamoson
20. FILED July 25, 19, 2 Mle Fashings	(Signed) Simula ong. In M. D.
Total Agristrar.	(Address)

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Toward of the Party of the Part			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Telefit Charles y and Wilder Holesan	

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1. PLACE OF DEAT

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	DI	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07788			
1. PLACE OF DEATH	721			
county ctrederick	Registration Dist. No. 1 3 7			
Village or City State Sanatorum	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)			
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign blrth?mosds.			
2. FULL NAME Charles albert Williams				
(a) Residence: No. Y (Usual place of abode)	3 SC Whyth . CO . M If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH Month) (Day) (Year)			
HUSBAND of Sophia S. Williams	22 July 7 1932 to July 15 1932			
6. DATE OF BIRTH (month, day, and year) While 4, 1870	I last saw h m aliva on July 14 , 1932; death Is said			
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at \$7.26 Am.			
62 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
8. Trade, profession, or particular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	Pulmonary Tuberculosis			
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10, Date deceased last worked at this occupation (month and	J			
10. Date deceased last worked at this occupation (month and tune 1532 spant in this unknown year)				
12. BIRTHPLACE (city or town) Maluland	Other Coutributery Couses of Importance:			
(State or country)	Muso carallis			
13. NAME Jerone Williams	0			
14. BIRTHPLACE (city or town) Maryland	Name of operation Data of			
(State or country)	What test confirmed diagnosis? Child May Was there an au'opsy?			
15. MAIDEN NAME (Vice Valmer) 16. BIRTHPLACE (city or town) Maryland.	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19			
17. INFORMANT Charles Q.W illiams (on ada	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place 12 al la Ma Date un Principan	Nature of injury			
19. UNDERTAKER M. L. Cre apper- (Address) Thurmont M. M.	24. Was disease or injury In any way related to occupation of deceased?			
20. FILED 7/15 1932 Registrar.	(Signed) & Clovary & Moffer M. D. (Address) State Sanatown, Md.			
If more blanks are model along Comp.	N. C. L. C D. L. D			

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Boststrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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